

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

ELECTRONIC HEALTH RECORDS (EHR) WAIVER REQUEST

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LICENSE NUMBER: _____ DATE OF BIRTH: ____/____/____

The Board requires that a licensee demonstrate proficiency in the use of electronic health records. A waiver request must be submitted at least 30 days prior to the renewal date.

A written statement explaining the reason(s) for requesting a waiver must be submitted and signed under the penalties of perjury.

1. Please explain your failure to demonstrate proficiency in the use of electronic health records.

Prolonged illness

Other: _____

2. Please provide a detailed explanation: _____

3. Please describe your plan for demonstrating proficiency in the use of electronic health records: _____

I, the undersigned applicant, hereby certify that all information included in this waiver request for demonstrating proficiency in the use of electronic health records constitutes a true statement made under the penalties of perjury.

PRINT NAME: _____

SIGNATURE: _____ DATE: ____/____/____

The Board, in its discretion, may grant a 90-day waiver of the EHR requirement. A licensee who receives a waiver is not relieved of any other obligations under M.G.L. c.112 or the regulations issued thereunder.

PLEASE RETURN YOUR RENEWAL APPLICATION ALONG WITH THIS FORM TO THE RENEWAL DEPARTMENT AT THE BOARD OF REGISTRATION IN MEDICINE.